

APPLICANT RIGHTS AND RESPONSIBILITIES

Rights:

- To inquire and be informed about coverage, conditions of eligibility, scope of the program and related services available, including systems conversions and regular and emergency benefits.
- To be determined eligible or ineligible based upon the information and corresponding documentation provided for the completed application.
- To receive timely written notice of denial, reduction, or termination of assistance.
- To be informed of the Fair Hearing process.
- To have a confidential relationship.
- To have your Civil Rights protected.

Responsibilities:

- To complete the application.
- To sign a "Release of Confidential Information" form. (Everyone in household who is 16 years of age or older.)
- To provide proof of income for all household members and home energy type as requested.
- To provide child support verification including non-court ordered child support.
- To report changes in your physical and/or mailing address within 10 days.
- To provide SSN, proof of citizenship or lawful entry into the U.S. for all household members.
- To provide photo identification for all household members over the age of 18. For household members under age 18, birth certificates must be provided if you don't have a photo ID.

APPLICANT CHECKLIST:

[X] Make sure you have done the following things:

- ☐ Included a copy of your most recent home energy bill(s).
- ☐ Completed physical and mailing address.
- ☐ Included copies of proof of all gross incomes received in the past 12 months, from all sources, for all members of the household regardless of the age or relationship. Social Security and SSI recipients may be required to provide a copy of a SSA award letter or SSA 1099 form.
- ☐ Included SSN, proof of citizenship or lawful entry into the U.S.
- ☐ Included a copy of photo ID for all household members. Included copies of birth certificates for household members under 18 years of age who don't have photo IDs.
- ☐ Completed all spaces on the application, especially Income in Section 6 and each Resource line in Section 7.
- ☐ Ensured that all household members 16 years of age or older have signed Section 9.
- ☐ Checked the address list on page 7 for mailing your completed application to the correct LIEAP eligibility office.

LOW-INCOME ENERGY ASSISTANCE AND WEATHERIZATION PROGRAM APPLICATION

NOTE: YOU WILL RECEIVE A LETTER TELLING YOU WHETHER YOU ARE ELIGIBLE AFTER WE RECEIVE YOUR COMPLETED APPLICATION. YOUR APPLICATION CANNOT BE PROCESSED IF YOU DO NOT SUPPLY ALL OF THE INFORMATION REQUESTED.

Section 1 HOUSEHOLD ADDRESS INFORMATION

This application is for LIEAP Benefits/Weatherization for the dwelling resided in at the time of application. If there is a move before approval, you must reapply.

Street/Physical Address Where Currently Living:

Mailing Address

Home Phone: _____ Work Phone: _____ Name: _____

Cell Phone: _____ Name: _____

Message Phone: _____ Work Phone 2: _____ Name: _____

Cell Phone 2 _____ Name: _____

Did you move into the State of Montana within the past 12 months? ☐ Yes ☐ No If yes, what date? _____ Date moved into this address: _____

Section 2 HOUSEHOLD MEMBERS (List everyone who lives in this residence.)

Provide all requested information for all persons living in the house regardless of relationship whether or not you consider them a household member. (NOTE: Entries for gender, Hispanic, and race are not required. Photo IDs and SSN(s) are required for all household members. If you do not have Social Security Number(s) you must provide alternate identification for all such household members.(e.g .Proof of citizenship, lawful entry into the U.S.,or birth certificates for children up to 18 years of age) Relationship: SE Head of Household (Self); SP/SO Spouse/Significant Other; CH Child; GC Grandchild; FC Foster Child; PA Parent; SB Sister/Brother; AU Aunt/Uncle; NN Niece/Nephew; CO Cousin; EX Ex-Spouse; NR Not Related, OR Other-Related. Hispanic Status: Hispanic/Latino – yes or no; Race Status: 1. White; 2. Black/African American; 3. American Indian/Alaska Native; 4. Asian; 5. Native Hawaiian/Pacific Islander (Multiple Selections Allowed); Health Insurance Status: Medicaid; Medicare; Private; CHIP; Other; None. (Multiple Selections Allowed) Highest Grade Completed: 0 None; 1-6 Grades 1-6; 7-8 Grades 7-8; 9-11 Grades 9-11; AS Associate; BA Bachelor; BK Before Kindergarten; GED GED Completed; HS High School Completed; K Kindergarten; MS Master; PR Professional; VT Vo-Tech. Employment Status: Full-Time; Part-Time; Not Employed; Retired/Not Working. Please attach sheet with additional household member information.

List everyone who lives in this residence Last Name, First Name, MI	Alias (Other Names Used)	Social Security Number (SSN)	Relationship to Head of Household	Birth Date M D Y	A G E	G E N D E R	H I S P A N I C Y/N	R A C E	V E T E R A N Y/N	D I S A B L E D Y/N	Type of Health Insurance	Currently In Literacy Training Yes/No	Currently In School Yes/No	Highest Grade Completed	Employment Status
01			SE												
02															
03															
04															
05															
06															
07															

Total Number of Persons: _____

ONLY COMPLETE, SIGNED APPLICATIONS WILL BE PROCESSED.

Section 3 HOUSING TYPE INFORMATION *(Please check one.)*

Do you? ☐ Own ☐ Rent *Do you receive governmental rent assistance? ☐ Yes ☐ No *Does your rent include heating costs? ☐ Yes ☐ No
Is your household currently receiving or applied for assistance with heat/utility costs from another agency? ☐ Yes ☐ No If, yes, please specify
where, when and provide verification of assistance amount: _____

If you rent, provide name, address, and telephone number of your landlord:

(Name) (_____) _____
(Phone Number)

(Address) _____
(City/State/Zip)

Housing type: *(Please check one.)*

- ☐ House
☐ Single-Wide Mobile Home
☐ Double-Wide Mobile Home
☐ Apartment or Duplex, etc.

Number of bedrooms: *(Please check one.)*

- ☐ One ☐ Three
☐ Two ☐ Four or more

Rent or Own Home?

- ☐ Own ☐ Rent

If you have a heating system emergency, please contact your local LIEAP office. The phone number is listed on the back page of this form.

Section 4 HOME ENERGY INFORMATION

WHICH TYPE OF HOME ENERGY DOES YOUR HOUSEHOLD USE? *(PLEASE MARK ALL HEAT SOURCES.)*

- | | | |
|--------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> NATURAL GAS | <input type="checkbox"/> PROPANE | <input type="checkbox"/> COAL |
| <input type="checkbox"/> ELECTRICITY | <input type="checkbox"/> WOOD | <input type="checkbox"/> FUEL OIL |

Main Vendor, Account Number and Home Energy Type

List all other Vendor(s), Account Number(s) and Home Energy Type(s)

A COPY OF YOUR MOST RECENT HOME ENERGY BILL(S) SHOWING NAME, CURRENT ADDRESS AND ACCOUNT NUMBER(S) FOR ALL HOME ENERGY TYPES MUST BE ATTACHED. IF YOUR MAIN HEAT SOURCE IS OIL OR PROPANE AND YOU DO NOT HAVE A BILL, OBTAIN A LETTER OF SERVICE FROM YOUR SUPPLIER. APPLICATIONS CAN ONLY BE MADE FOR THE DWELLING RESIDED IN AT THE TIME OF APPLICATION.

Section 5 SOURCES OF INCOME

Please check ALL of the following sources of income that have been received by ALL MEMBERS OF YOUR HOUSEHOLD WITHIN THE PAST 12 MONTHS.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> TANF(includes Tribal) | <input type="checkbox"/> Self Employment | <input type="checkbox"/> Alimony Payments | <input type="checkbox"/> Odd jobs |
| <input type="checkbox"/> SNAP / Food Stamps | <input type="checkbox"/> Wages / Tips | <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> Child Support: If paid through MT CSED, provide case #'s |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Section 8 Utility Payment | |
| <input type="checkbox"/> VA | <input type="checkbox"/> Interest Income | <input type="checkbox"/> Educational Grants | <input type="checkbox"/> Other: If checked, please explain in the following space: |
| <input type="checkbox"/> General Assistance (includes Tribal) | <input type="checkbox"/> Pension/Retirement Income | <input type="checkbox"/> Loans | _____ |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Property Income | <input type="checkbox"/> Gifts (Money) | _____ |

Section 6 INCOME OF HOUSEHOLD MEMBERS

Enter the requested information for all household members regardless of age or relationship. Begin with last month and go back twelve (12) months. (Don't include SNAP/Food Stamps below.) IF THERE IS ANY TIME PERIOD OF ZERO (0) INCOME, PLEASE EXPLAIN YOUR MEANS OF SURVIVAL.

COPIES OF DOCUMENTATION TO PROVE ALL GROSS INCOME MUST BE INCLUDED

Month	Year	Sources and Amounts of Gross Income (Please specify each source of income and who received it.)	Total Gross Income for Month
EXAMPLE – JUNE	2010	Joe-ABC Company \$650; Jane-Social Security \$500; Jane-Child Support-\$250	\$1,400
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Section 7 RESOURCES AND BUSINESS EQUITY

PLEASE ANSWER ALL QUESTIONS FOR EACH OF THE RESOURCES LISTED BELOW FOR ALL HOUSEHOLD MEMBERS REGARDLESS OF RELATIONSHIP. **IF THE RESOURCE LISTED DOES NOT APPLY TO YOUR HOUSEHOLD, PLEASE PRINT "NONE" UNDER EACH SECTION HEADED "FINANCIAL INSTITUTION".** (YOU MUST PROVIDE VERIFICATION OF THE CURRENT VALUE OF ALL RESOURCES.)

RESOURCE	FINANCIAL INSTITUTION/ PHYSICAL ADDRESS	CURRENT VALUE
1. Cash and/or Checking Account(s)		\$
2. Savings Account(s)		\$
3. Certificates of Deposit – Individual Retirement Accounts - Tax Sheltered Annuities - 401(K); 403(B) or any other retirement account		\$
4. Cash value of stocks, bonds and other investments		\$
5. Value of business assets, rental properties or property leases. (Self-employed households must provide this information).		\$
6. Physical address(es) of property/real estate other than the home in which you live and it's adjoining land.		\$

Section 8 COLLEGE/TRIBAL STATUS

Has any member of the household been enrolled at least half-time in a college or university in the last 12 months? ☐ Yes ☐ No If yes, include a copy of all financial award letters. Which quarters or semesters? _____

If yes, was that person claimed last year as a dependant for Federal income tax purposes by someone in another household? ☐ Yes ☐ No

Is any adult household member an enrolled tribal member or direct descendant? ☐ Yes ☐ No

If yes, which household members? _____

If yes, specify each person's tribal affiliation(s). _____

Is your home located within the boundaries of a reservation? ☐ Yes ☐ No Is the household eligible for Tribal LIEAP benefits? ☐ Yes ☐ No

Note: All adult household members who live on a reservation (other than the Crow Reservation), and who are Native American, enrolled tribal members or direct descendants should contact their Tribal LIEAP office for assistance. Native American household members who live on the Crow Reservation should contact District VII Human Resource Development Council (Billings) for assistance.

COMMENTS:

If you wish to make any comments regarding any special situation, or you wish to clarify any of your responses, please do so in the space provided below. If you need additional space, please use a separate piece of paper. _____

Section 9 AUTHORIZATION

PLEASE READ THE FOLLOWING AND SIGN AND DATE WHERE INDICATED.

I understand that this application is for Federal funds and that any falsification or concealment of a material fact may be prosecuted under Federal or State Laws. I understand the application must include information for all individuals living in the household including all gross income and resources.

I understand that homes are weatherized on a priority basis. If my home is prioritized this year, I authorize an agency representative to complete an energy audit of my home and install weatherization measures as determined to be necessary by the agency. **Refusal to allow weatherization measures to be applied to my home may result in suspension of Fuel Assistance benefits.** I have read; or have had read to me; all the above and all questions have been answered to my satisfaction. I also understand that Fuel Assistance benefits are computed for October 1 through April 30. I am responsible for any other costs not covered by Fuel Assistance benefits. I certify that the information provided herein is true, complete, and correct to the best of my knowledge. I also assign to the Department any rights to third party payments for emergency assistance services provided by the Department.

***** **AND** *****

RELEASE OF CONFIDENTIAL INFORMATION

AUTHORIZATION TO MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO OBTAIN PERSONAL INFORMATION

I authorize any individual, company, agency, or other entity which has information about me or my household, including, but not limited to, the information sources listed below to release or disclose information to the Montana Department of Public Health and Human Services (DPHHS) and/or to any agent or contractor of the DPHHS which is authorized to determine eligibility for Energy Assistance or Weatherization benefits. I authorize the disclosure or release of any information relevant to my eligibility for Energy Assistance or Weatherization benefits, including, but not limited to, the information to be released or disclosed listed below. I understand any information obtained will be kept confidential and will be used only for the purposes directly connected with the administration of benefits or services and only during the pertinent time period. I further understand that any information obtained may be released or disclosed to a proper government agency, court of law, or law enforcement agency for purposes of legal investigative actions concerning fraud. I further understand that information contained on this application can be used in DPHHS electronic databases for the determination of eligibility for programs and/or to record services provided to my household for federal and/or state reporting purposes.

INFORMATION SOURCE: Banks, Savings & Loans, Credit Unions, Employers, Social Security Administration, Veterans Administration, State Department of Labor and Industry, Internal Revenue Service, State Department of Revenue, State Compensation Insurance Fund, Unemployment Compensation Division, County Clerk & Recorder, Bureau of Indian Affairs, Utility Suppliers and Vendors, Other Social Services Providers, Landlord, Child Support Enforcement Division, Offices of Public Assistance, and other sources which may be deemed necessary.

INFORMATION TO BE RELEASED OR DISCLOSED: Savings, Certificates of Deposit, Stocks & Bonds, Safety Deposit Boxes (to be opened only in the presence of the client or his agent and representatives of the financial institution), Gross Earnings, Social Security Payments, V.A. Benefits, Personal and Business Income, Workers Compensation, Unemployment Compensation, Family Composition, Size of Home, Per Capita Payments, Lease Payments, Indian Income Maintenance (IIM) Accounts, Amount of Fuel Assistance received from agencies, Utility Account Information: including, but not limited to, Utility Account and Billing Information, Child Support Payments, Benefit Information.

Signature of head of household or person signing on his/her behalf.

X _____

Date: _____ SSN: _____

Signature of all other household members age 16 or older.

X _____

Date: _____ SSN: _____

X _____

Date: _____ SSN: _____

X _____

Date: _____ SSN: _____

PLEASE FIND YOUR COUNTY BELOW AND RETURN YOUR APPLICATION TO THE APPROPRIATE OFFICE

Return application to:	←	If you live in this county:	Return application to:	←	If you live in this county:
Action for Eastern Montana 2030 North Merrill P.O. Box 1309 Glendive, MT 59330-1309 377-3564/1-800-227-0703		CARTER CUSTER DANIELS DAWSON FALLON GARFIELD McCONE PHILLIPS POWDER RIVER	PRAIRIE RICHLAND ROOSEVELT ROSEBUD SHERIDAN TREASURE VALLEY WIBAUX		Rocky Mountain Development Council LIEAP Office 648 N. Jackson Street P.O. Box 1717 Helena, MT 59624-1717 447-1625/1-800-356-6544
District IV HRDC 2229 5 TH Avenue Havre, MT 59501 265-6743/1-800-640-6743		BLAINE HILL LIBERTY	District IX HRDC 32 South Tracy Avenue Bozeman, MT 59715 587-4486/1-800-332-2796		BROADWATER JEFFERSON LEWIS & CLARK
Opportunities Incorporated 905 First Avenue North P.O. Box 2289 Great Falls, MT 59403-2289 761-0310/1-800-326-0955		CASCADE CHOUTEAU GLACIER	Community Action Partnership of Northwest Montana 214 Main Street P. O. Box 8300 Kalispell, MT 59904-1300 758-5433/1-800-344-5979		GALLATIN MEAGHER PARK
North Central Area Agency on Aging 600 South Main Street, Suite 4 Conrad, MT 59425 271-7553/1-800-551-3191		PONDERA TETON TOOLE	District XI Human Resource Council 1801 South Higgins Missoula, MT 728-3710		FLATHEAD LAKE LINCOLN SANDERS
District VI HRDC Centennial Plaza 300 First Avenue North, Room 203 Lewistown, MT 59457 535-7488/1-800-766-3018 Roundup, MT Office 323-3857		FERGUS GOLDEN VALLEY JUDITH BASIN MUSSELSHELL PETROLEUM WHEATLAND	District XII HRDC 700 Casey Street P.O. Box 3486 Butte, MT 59702 496-4975/1-800-382-1325		MISSOULA MINERAL RAVALLI
District VII HRDC 7 North 31ST Street P.O. Box 2016 Billings, MT 59103 247-4732/1-800-433-1411		BIG HORN CARBON STILLWATER SWEET GRASS YELLOWSTONE			BEAVERHEAD DEER LODGE GRANITE MADISON POWELL SILVER BOW